U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mendatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name	Ernest	w. Angelbeck	Name Sheet Metal Workers AFL-CIO LU#36		
		•	Labor Organization File Number 035-367		
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any		
Street	4497 Liberty	Ridge RJ.	Street 301 S. Ewing		
City	DeSoto		City St. Louis		
State	Mo.	ZIP Code + 4 4 3 0 2 0 - 2 5 1 9	State Mo. ZIP Code + 4 63/03-2509		
5. Position in labor organization. Business Representitive to SELOWS LIBER COMPANY AND ADDRESS OF THE PROPERTY OF THE PROPERT					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held moneta	i an interest in, engaged ary value from an emplo	in transactions (including loans) with, or o yer whose employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name	and address of Employer	(including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any			7.b. Amount.		
Street					
City					
State		ZIP Code + 4			
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					

Signed Emet W. Angeller

314-371-2800 EXT

Name of Person Filing	Ernest W. Angelbeck	
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File Number U-

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise			
8. Name and address of Business (including trade name, if any). Name St. Louis Sheet Metal Joint Apprentice Fund. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3033 Spruce St. City St. Louis State Mo. ZIP Code + 4 63/03-2524	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Negotiation expersentation of Apprentice School Contract with Employers. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. My Wife + Myself Attendance at Apprentice Completion Dinner at \$4200 per person 12.b. Amount. \$8400			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 10. a Name and address of Employer and abor Relations Consultant. 14.a. Nature of payment.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

U.S. Department of Labor 200 Constitution Ave. Washington, D.C. 20210

Re: Ernest W. Angelbeck 2004 Form LM-30

Dear Sir or Madam:

Please accept the filing of the enclosed 2004 Form LM-30. The information contained in the enclosed LM-30 report is based on my best effort to make a good-faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 report.

Ernest W. Angelbeck